### EXTENDED TO NOVEMBER 15, 2022

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

B Case a Contribution and Street (or P.D. tour I mail is not delivered to street address)    Secondary   Secondary	<u>A</u>	ror tn	e 2021 calendar year, or tax year beginning and	enaing				
The contract of the contract	В	Check if applicab	C Name of organization		D Employer identifie	cation number		
During Dusiness as   Number and street (or P.O. box if mail is not delivered to street address)   Soft Act					_			
Number and street (of P.J. box if Tabl is not deliverable to effort abouts)   Foliar number of the province, country, and ZiP or foreign postal code   G. downcreepps 3		chang	Doing business as		26-44588	<u>65                                    </u>		
City or town, state or province, country, and ZP or foreign postal code  Person  CORFUS CHRISTI, TX 78401  H(a) Is this a group return for subcontaintee?   Vee   X No H(b) Area man and across or principal or filter WILLIAM BLODGETT		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r		
City or town, state or province, country, and ziP or foreign postal code   CoRPUS CHRISTI, TX 78401   Holy is this a group return for subcordinates?   Yes   X No		Final	555 N CARANCAHUA SUITE 130		361-400-	2321		
CORPUS CHRISTI, TX 784.01		termir ated	h_	G Gross receipts \$	1,083,023.			
Second Part		Amen						
Tax-exempt status:	F	Applie			7			
Tax-exempt status:	_			ͲY				
J Website: ▶ MAJESTYOUTDOORS ORG  K Form of organization: X   Corporation   Irust   Association   Other ▶   L Year of formation: 20.09 M State of legal domicile: TX    Part   Summary   1 Birefly describe the organization's mission or most significant activities: BUILDING A GENERATION OF HOPE BY SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH MENTORING AND THE SHATTERING THE CYCLE OF PATHERLESSNESS THROUGH THE SHATTERING THE SHATTERIN	_	-	<u> </u>					
Repart   Summary				or 527	7			
Part   Summary			,		<del> </del>			
1   Briefly describe the organization's mission or most significant activities:   BUILDING   A GENERATION OF HOPE   BY SHATTERING   THE CYCLE OF FATHERLESSNESS THROUGH   MENTORING   AND   THE				<b>L</b> Year	of formation: 2009 N	1 State of legal domicile: TX		
SHATTERING THE CYCLE OF FAPHERLESSNESS THROUGH MENTORING AND THE	P	art I	-					
8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2p)  10 Investment income (Part VIII, line 2p)  11 Other revenue (Part VIII, lone 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses (Part IX, column (A), line 1te)  19 Total fundraising expenses (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  11 Total expenses (Part IX, column (A), line 1te)  12 Total assets (Part IX, column (A), line 1te)  13 Total expenses (Part IX, column (A), line 1te)  14 Total expenses (Part IX, column (A), line 1te)  15 Total fundraising expenses (Part IX, column (A), line 1te)  16 Total fundraising expenses (Part IX, column (A), line 1te)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  25 Signature Block  26 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 Firm's name ADAMSON & COMPANY, LLC  28 Firm's address 4101 S ALAMEDA ST  29 Firm's address 4101 S ALAMEDA ST  20 Firm's address 4101 S ALAMEDA ST  2	4	1	Briefly describe the organization's mission or most significant activities: BUILI	DING A	GENERATION	OF HOPE BY		
8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2p)  10 Investment income (Part VIII, line 2p)  11 Other revenue (Part VIII, lone 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses (Part IX, column (A), line 1te)  19 Total fundraising expenses (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  11 Total expenses (Part IX, column (A), line 1te)  12 Total assets (Part IX, column (A), line 1te)  13 Total expenses (Part IX, column (A), line 1te)  14 Total expenses (Part IX, column (A), line 1te)  15 Total fundraising expenses (Part IX, column (A), line 1te)  16 Total fundraising expenses (Part IX, column (A), line 1te)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  25 Signature Block  26 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 Firm's name ADAMSON & COMPANY, LLC  28 Firm's address 4101 S ALAMEDA ST  29 Firm's address 4101 S ALAMEDA ST  20 Firm's address 4101 S ALAMEDA ST  2	ဦ		SHATTERING THE CYCLE OF FATHERLESSNESS TH	ROUGH	MENTORING A	ND THE		
8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2p)  10 Investment income (Part VIII, line 2p)  11 Other revenue (Part VIII, lone 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses (Part IX, column (A), line 1te)  19 Total fundraising expenses (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  11 Total expenses (Part IX, column (A), line 1te)  12 Total assets (Part IX, column (A), line 1te)  13 Total expenses (Part IX, column (A), line 1te)  14 Total expenses (Part IX, column (A), line 1te)  15 Total fundraising expenses (Part IX, column (A), line 1te)  16 Total fundraising expenses (Part IX, column (A), line 1te)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  25 Signature Block  26 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 Firm's name ADAMSON & COMPANY, LLC  28 Firm's address 4101 S ALAMEDA ST  29 Firm's address 4101 S ALAMEDA ST  20 Firm's address 4101 S ALAMEDA ST  2	na.	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2p)  10 Investment income (Part VIII, line 2p)  11 Other revenue (Part VIII, lone 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses (Part IX, column (A), line 1te)  19 Total fundraising expenses (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  11 Total expenses (Part IX, column (A), line 1te)  12 Total assets (Part IX, column (A), line 1te)  13 Total expenses (Part IX, column (A), line 1te)  14 Total expenses (Part IX, column (A), line 1te)  15 Total fundraising expenses (Part IX, column (A), line 1te)  16 Total fundraising expenses (Part IX, column (A), line 1te)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  25 Signature Block  26 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 Firm's name ADAMSON & COMPANY, LLC  28 Firm's address 4101 S ALAMEDA ST  29 Firm's address 4101 S ALAMEDA ST  20 Firm's address 4101 S ALAMEDA ST  2	Vē	3	- · · · · · · · · · · · · · · · · · · ·					
8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2p)  10 Investment income (Part VIII, line 2p)  11 Other revenue (Part VIII, lone 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses (Part IX, column (A), line 1te)  19 Total fundraising expenses (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  11 Total expenses (Part IX, column (A), line 1te)  12 Total assets (Part IX, column (A), line 1te)  13 Total expenses (Part IX, column (A), line 1te)  14 Total expenses (Part IX, column (A), line 1te)  15 Total fundraising expenses (Part IX, column (A), line 1te)  16 Total fundraising expenses (Part IX, column (A), line 1te)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  25 Signature Block  26 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 Firm's name ADAMSON & COMPANY, LLC  28 Firm's address 4101 S ALAMEDA ST  29 Firm's address 4101 S ALAMEDA ST  20 Firm's address 4101 S ALAMEDA ST  2	ဇ္ပ	4	0 0 1 7 7 7					
8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2p)  10 Investment income (Part VIII, line 2p)  11 Other revenue (Part VIII, lone 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses (Part IX, column (A), line 1te)  19 Total fundraising expenses (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  11 Total expenses (Part IX, column (A), line 1te)  12 Total assets (Part IX, column (A), line 1te)  13 Total expenses (Part IX, column (A), line 1te)  14 Total expenses (Part IX, column (A), line 1te)  15 Total fundraising expenses (Part IX, column (A), line 1te)  16 Total fundraising expenses (Part IX, column (A), line 1te)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  25 Signature Block  26 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 Firm's name ADAMSON & COMPANY, LLC  28 Firm's address 4101 S ALAMEDA ST  29 Firm's address 4101 S ALAMEDA ST  20 Firm's address 4101 S ALAMEDA ST  2	ivities &	<u>'</u>						
8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2p)  10 Investment income (Part VIII, line 2p)  11 Other revenue (Part VIII, lone 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses (Part IX, column (A), line 1te)  19 Total fundraising expenses (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  11 Total expenses (Part IX, column (A), line 1te)  12 Total assets (Part IX, column (A), line 1te)  13 Total expenses (Part IX, column (A), line 1te)  14 Total expenses (Part IX, column (A), line 1te)  15 Total fundraising expenses (Part IX, column (A), line 1te)  16 Total fundraising expenses (Part IX, column (A), line 1te)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  25 Signature Block  26 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 Firm's name ADAMSON & COMPANY, LLC  28 Firm's address 4101 S ALAMEDA ST  29 Firm's address 4101 S ALAMEDA ST  20 Firm's address 4101 S ALAMEDA ST  2		5						
8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2p)  10 Investment income (Part VIII, line 2p)  11 Other revenue (Part VIII, lone 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses (Part IX, column (A), line 1te)  19 Total fundraising expenses (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  10 Total assets (Part IX, column (A), line 1te)  11 Total expenses (Part IX, column (A), line 1te)  12 Total assets (Part IX, column (A), line 1te)  13 Total expenses (Part IX, column (A), line 1te)  14 Total expenses (Part IX, column (A), line 1te)  15 Total fundraising expenses (Part IX, column (A), line 1te)  16 Total fundraising expenses (Part IX, column (A), line 1te)  17 Other expenses (Part IX, column (A), line 1te)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  25 Signature Block  26 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 Firm's name ADAMSON & COMPANY, LLC  28 Firm's address 4101 S ALAMEDA ST  29 Firm's address 4101 S ALAMEDA ST  20 Firm's address 4101 S ALAMEDA ST  2		0						
8 8 Contributions and grants (Part VIII, line 1h) 395,592. 761,713. 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 0. 1. 160. 10 Investment incrome (Part VIII, column (A), lines 3, 4, and 7d) 0. 1,160. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 1,160. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 426,067. 907,634. 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 13) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 4) 0. 0. 0. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 16, 269. 18 Total fundraising expenses (Part IX, column (A), line 25) 391, 892. 440, 904. 19 Revenue less expenses Subtract line 18 from line 12 10 total assets (Part X, line 16) 12 10 total assets (Part X, line 16) 12 10 total assets (Part X, line 26) 12 10 tal liabilities (Part X, line 26) 13 10 10 10 10 10 10 10 10 10 10 10 10 10	Ac	/ a						
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 0 0 0 1, 1, 160 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 14) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Vet assets or fund balances. Subtract line 21 from line 20 24 DAVE COTHAM, EXECUTIVE DIRECTOR 25 Part II Signature Block 26 Primir's name ADAMSON © COMPANY, LLC 27 Firm's address 4101 S ALAMEDA ST 28 Firm's address 4101 S ALAMEDA ST 29 CORPUS CHRISTI, TX 78411 29 Phone no. 361-887-8916	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			-		
9 Program service revenue (Part VIII, iline 2g)  0 1	<u>o</u>			_				
Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1uc, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Part IX, column (A), line 25)  19 Total fundraising expenses (Part IX, column (A), line 25)  19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  PrimiType or print name and title  PrimiTyp		8	Contributions and grants (Part VIII, line 1h)		-			
Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1uc, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Part IX, column (A), line 25)  19 Total fundraising expenses (Part IX, column (A), line 25)  19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  PrimiType or print name and title  PrimiTyp	J.	9	Program service revenue (Part VIII, line 2g)					
Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1uc, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Part IX, column (A), line 25)  19 Total fundraising expenses (Part IX, column (A), line 25)  19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  PrimiType or print name and title  PrimiTyp	ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   426,067.   907,634.     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0.   0.     14 Benefits paid to or for members (Part IX, column (A), line 4)   0.   0.     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   193,271.   294,445.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   193,271.   294,445.     16a Professional fundraising fees (Part IX, column (D), line 12)   0.     17 Other expenses (Part IX, column (D), line 25)   16,269.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   391,892.   440,904.     19 Revenue less expenses. Subtract line 18 from line 12   34,175.   466,730.     19 Revenue less expenses. Subtract line 18 from line 12   34,175.   466,730.     19 Revenue less expenses. Subtract line 18 from line 12   126,749.   609,571.     20 Total assets (Part X, line 26)   3,003.   12,074.     21 Total liabilities (Part X, line 26)   3,003.   12,074.     22 Net assets or fund balances. Subtract line 21 from line 20   123,746.   597,497.     Part II   Signature Block	<b>E</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			144,761.		
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0 .		12			426,067.	907,634.		
14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   193, 271.   294, 445.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   193, 271.   294, 445.     16   Porfessional fundraising expenses (Part IX, column (A), line 11e)   0.   0.     17   Other expenses (Part IX, column (D), line 25)   16, 269.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   391, 892.   440, 904.     19   Revenue less expenses. Subtract line 18 from line 12   34, 175.   466, 730.     19   Revenue less expenses. Subtract line 18 from line 12   34, 175.   466, 730.     20   Total assets (Part X, line 16)   126, 749.   609, 571.     21   Total liabilities (Part X, line 26)   3, 003.   12, 074.     22   Net assets or fund balances. Subtract line 21 from line 20   123, 746.   597, 497.     21   Part II   Signature Block   Signature Block     Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.     Paid   Print/Type preparer's name   Dave   CRAIG A. ADAMSON   CRAIG A. ADAMSON   CRAIG A. ADAMSON   Signature   Print		13						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   193,271.   294,445.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.					0.			
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . b Total fundraising expenses (Part IX, column (D), line 25)   16 , 269 . 17 Other expenses (Part IX, column (A), line 11a, 11d, 11f, 24e)   198 , 621 . 146 , 459 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   391 , 892 . 440 , 904 . 19 Revenue less expenses. Subtract line 18 from line 12   34 , 175 . 466 , 730 . 126 , 749 . 609 , 571 . 126 , 749 . 609 , 571 . 126 , 749 . 126 , 749 . 609 , 571 . 127 . 128 .		45			-			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Not assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 January I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  CRAIG A. ADAMSON  Preparer's signature  CRAIG A. ADAMSON & COMPANY, LLC  Firm's name ADAMSON & COMPANY, LLC  Firm's name ADAMSON & COMPANY, LLC  Firm's name ADAMSON & COMPANY, LLC  Firm's saddress ADAMSON & CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916	ses	160						
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Not assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 January I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  CRAIG A. ADAMSON  Preparer's signature  CRAIG A. ADAMSON & COMPANY, LLC  Firm's name ADAMSON & COMPANY, LLC  Firm's name ADAMSON & COMPANY, LLC  Firm's name ADAMSON & COMPANY, LLC  Firm's saddress ADAMSON & CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916	ē	104	Tatal for the initial and the second (Data IV and the control (D). I in 25		0.	0.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Not assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 January I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  CRAIG A. ADAMSON  Preparer's signature  CRAIG A. ADAMSON & COMPANY, LLC  Firm's name ADAMSON & COMPANY, LLC  Firm's name ADAMSON & COMPANY, LLC  Firm's name ADAMSON & COMPANY, LLC  Firm's saddress ADAMSON & CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916	×	_b			100 601	146 450		
19 Revenue less expenses. Subtract line 18 from line 12  34,175. 466,730.  Beginning of Current Year End of Year  126,749. 609,571.  126,749. 609,571.  127,074.  128,749. 597,497.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer   Date		''						
Beginning of Current Year   End of Year   126,749.   609,571.		18						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dave Cotham, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  CRAIG A. ADAMSON  CRAIG A. ADAMSON  Firm's name  ADAMSON & COMPANY, LLC  Firm's address  A101 S ALAMEDA ST  CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916	_		Revenue less expenses. Subtract line 18 from line 12		34,175.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dave Cotham, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  CRAIG A. ADAMSON  CRAIG A. ADAMSON  Firm's name  ADAMSON & COMPANY, LLC  Firm's address  A101 S ALAMEDA ST  CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916	20.0	9		Ве				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dave Cotham, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  CRAIG A. ADAMSON  CRAIG A. ADAMSON  Firm's name  ADAMSON & COMPANY, LLC  Firm's address  A101 S ALAMEDA ST  CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916	sets	20	Total assets (Part X, line 16)					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dave Cotham, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  CRAIG A. ADAMSON  CRAIG A. ADAMSON  Firm's name  ADAMSON & COMPANY, LLC  Firm's address  A101 S ALAMEDA ST  CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916	AS	21	Total liabilities (Part X, line 26)		3,003.	12,074.		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dave Cotham, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  CRAIG A. ADAMSON  CRAIG A. ADAMSON  Firm's name  ADAMSON & COMPANY, LLC  Firm's address  A101 S ALAMEDA ST  CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916	Ret	22	Net assets or fund balances. Subtract line 21 from line 20		123,746.	597,497.		
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dave Cotham, Executive Director Type or print name and title  Print/Type preparer's name Print/Type preparer's name CRAIG A. ADAMSON CRAIG A. ADAMSON Preparer Use Only Firm's name ADAMSON & COMPANY, LLC Firm's address 4101 S ALAMEDA ST CORPUS CHRISTI, TX 78411 Phone no. 361-887-8916	Pi	art II						
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dave Cotham, Executive Director Type or print name and title  Print/Type preparer's name Print/Type preparer's name CRAIG A. ADAMSON CRAIG A. ADAMSON Preparer Use Only Firm's name ADAMSON & COMPANY, LLC Firm's address 4101 S ALAMEDA ST CORPUS CHRISTI, TX 78411 Phone no. 361-887-8916	Und	ler pena	alties of periury. I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is		
Sign Here  DAVE COTHAM, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name CRAIG A. ADAMSON Preparer Use Only  Firm's name ADAMSON & COMPANY, LLC Firm's address ALAMEDA ST CORPUS CHRISTI, TX 78411  Date  Proparer's signature CRAIG A. ADAMSON Firm's EIN 45-3980748  Phone no. 361-887-8916						into modge and sonor, it is		
Here  DAVE COTHAM, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  CRAIG A. ADAMSON  Preparer  Firm's name ▶ ADAMSON & COMPANY, LLC  Firm's address ▶ 4101 S ALAMEDA ST  CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916	truc	, 00110		iicii pi cparci	nas any knowleage.			
Here  DAVE COTHAM, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  CRAIG A. ADAMSON  Preparer  Firm's name ▶ ADAMSON & COMPANY, LLC  Firm's address ▶ 4101 S ALAMEDA ST  CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916	0		Signature of officer		I Date			
Type or print name and title  Print/Type preparer's name  Paid  CRAIG A. ADAMSON  Preparer  Firm's name  ADAMSON & COMPANY, LLC  Firm's address  4101 S ALAMEDA ST  CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916			l' -		Duto			
Print/Type preparer's name  CRAIG A. ADAMSON  Preparer's signature  CRAIG A. ADAMSON  CRAIG A. ADAMSON  Firm's name  ADAMSON & COMPANY, LLC  Firm's address  4101 S ALAMEDA ST  CORPUS CHRISTI, TX 78411  Phone no.361-887-8916	Hei	re						
Paid CRAIG A. ADAMSON CRAIG A. ADAMSON  Preparer Firm's name ADAMSON & COMPANY, LLC  Use Only Firm's address 4101 S ALAMEDA ST  CORPUS CHRISTI, TX 78411  Phone no. 361-887-8916					Data Lui E	T DTIN		
Paid CRAIG A. ADAMSON CRAIG A. ADAMSON   self-employed P00246572  Preparer   Firm's name						<b></b>		
Use Only Firm's address 4101 S ALAMEDA ST CORPUS CHRISTI, TX 78411 Phone no. 361-887-8916	Pai	d		1	self-employ			
CORPUS CHRISTI, TX 78411 Phone no. 361-887-8916	Pre	parer	Firm's name ► ADAMSON & COMPANY, LLC		Firm's EIN	45-3980748		
CORPUS CHRISTI, TX 78411 Phone no. 361-887-8916	Use	Only	Firm's address 4101 S ALAMEDA ST					
		-			Phone no. 36	1-887-8916		
	Ma	v the I	· · · · · · · · · · · · · · · · · · ·		1			

08041115 152885 A959

# Form 990 (2021) MAJESTY OUTDOORS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del>  ^</del>
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<del>                                     </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l _
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

132003 12-09-21

Form	1 990 (2021) MAJESTY OUTDOORS 26-4	44588	<u>865</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		_		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	t			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	L	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	L	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	Γ			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	·····			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete				
	Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	·····			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	·····-			<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contro	lled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
20	instructions for applicable filing thresholds, conditions, and exceptions):				
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
а			28a		Х
h	"Yes," complete Schedule L, Part IV	····			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	·····	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		00-		x
00	"Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	·····	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		00		₩
	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	·····	31		<del> </del> ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				₩.
	Schedule N, Part II	·····-	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				3,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	·····	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1		34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ion?			
	If "Yes," complete Schedule R, Part V, line 2	L	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	L	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
_	Note: All Form 990 filers are required to complete Schedule O		38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance				_
	Check if Schedule O contains a response or note to any line in this Part V				
		_		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2			

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

	1a	2	
	1b	0	
rဓ	nortah	ole gaming	

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990	(===:)	OUTDOORS	26-4458865	Page (
Part V	Statements Regarding Oth	ner IRS Filings and Tax Compliance	(continued)	

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1.		X
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
-	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			77
14a	0 717	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			₩
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Α.
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	- "		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records WHITNEY MILAM - 361-400-2321

Form **990** (2021)

555 N CARANCAHUA, STE 130, CORPUS CHRISTI

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

<b>(A)</b> Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) WILLIAM BLODGETT	4.00								_	
PRESIDENT	1 00	Х		Х				12,000.	0.	0.
(2) SUSAN BLODGETT	1.00									
SECRETARY (3) DAVE COTHAM	40.00	Х		Х				0.	0.	0.
(3) DAVE COTHAM EXECTIVE DIRECTOR	40.00	х		х				0.	0.	0
(4) JAMES DAVIDSON	0.00	^		^				0.	0.	0
DIRECTOR	0.00	Х						0.	0.	0.
(5) TRAVIS GUANTT	0.00	25						•	•	· ·
DIRECTOR	3733	х						0.	0.	0.
(6) ALEX HARRIS	0.00								-	-
DIRECTOR		Х						0.	0.	0.
(7) BRUD JONES	0.00									
DIRECTOR		Х						0.	0.	0 .
(8) BARBYE MOON	0.00								_	_
DIRECTOR		Х						0.	0.	0 .
(9) ROEL VILLANUEVA	0.00	ļ								
DIRECTOR	0.00	Х						0.	0.	0 .
(10) DANIEL WAGNER	0.00	٠,,							_	
DIRECTOR (11) CORY MORROW	0.00	Х						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(12) CORY PROCTOR	0.00	Λ						0.	0.	0
DIRECTOR	0.00	Х						0.	0.	0.
(13) JERAD WATSON	0.00	25						•	•	
DIRECTOR	3733	х						0.	0.	0.
		T-							•	
		1								
		1								
		4								
_										Form <b>990</b> (202

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	High R	ghes	t C	ompensated Employee	s (continued)					
	(A)	(B)				C)	,		(D)	(E)			(F)		
	Name and title	Average hours per	Position (do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation		Estimated amount of			
		week					or/trust		from	from related			other	J1	
		(list any	rector						the	organizations			ensat		
		hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	5/		om the anizati		
		organizations	truste	al trus		yee	u be u		1099-NEC)	1099-1120)		•	relate		
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons	
		line)	in in	lnst	0#!	Key	Hig	For			_				
											$\dashv$				
			•												
											_				
											-				
											_				
											+				
			-												
	Subtotal								12,000.		2.			0.	
	Total from continuation sheets to Part VI								12,000.		0.			0.	
a 2	Total (add lines 1b and 1c)  Total number of individuals (including but n							o re			<i>J</i> •			0.	
_	compensation from the organization	ot minica to th	030	11310	u ac	, ovc	,, vv11	010	conved more than \$100,	ooo or reportable				0	
													Yes	No	
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on					
_	line 1a? If "Yes," complete Schedule J for s											3		X	
4	For any individual listed on line 1a, is the su											4		х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•							··	4		Λ	
	rendered to the organization? If "Yes," com										[	5		Х	
Sec	tion B. Independent Contractors														
1	Complete this table for your five highest co	•	-							· · · · · ·	nsatio	n fro	m		
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	thin T		ear.					
	<b>(A)</b> Name and business	address	NO	ONE	3				<b>(B)</b> Description of s	ervices	Co	(C mper	<i>)</i> isatior	ı	
									·						
								1							
2	Total number of independent contractors (in		ot lin	nited	to t	thos )		ted	above) who received mo	ore than					
	\$100,000 of compensation from the organization	zaliUII 📂									F	orm §	90 (2	2021)	
													٧_		

132008 12-09-21

Part

t VIII	Statement	of Revenue
--------	-----------	------------

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
40.11		e i i i i i i i i i i i i i i i i i i i					300010113 0 12 0 14
nts		Federated campaigns 1a					
3ra Iou		Membership dues 1b					
s, ( Am	c	Fundraising events 1c					
ij a	c	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)					
Sign	f	All other contributions, gifts, grants, and					
he E		similar amounts not included above	761,713.				
ĕ₹	,	Noncash contributions included in lines 1a-1f	•				
οg	_	Total. Add lines 1a-1f	<b>•</b>	761,713.			
0 10		Total Add lines 1a 11	Business Code	, 02 / , 23 (			
	_		Busiliess Code				
<u>ic</u>	2 a						
e Z	b						
Program Service Revenue	c	:					
an	c	i					
og B	e	•					
P.	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
	Ü	other similar amounts)		841.	841.		
	4			041.	041.		
	4	Income from investment of tax-exempt bond p	•				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 319.	,,				
		Less: cost or other basis					
a)	L	1 1					
ther Revenue							
š				210	210		
æ		Net gain or (loss)	<u></u>	319.	319.		
þe	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	317,450.				
	b	Less: direct expenses 8b	175,389.				
		Net income or (loss) from fundraising events	<b>&gt;</b>	142,061.			142,061.
		Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
			<u>'I</u>				
		Net income or (loss) from gaming activities	······				
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
	b	Less: cost of goods sold 10	o				
	c	Net income or (loss) from sales of inventory .	<b>)</b>				
<u>,</u> [	_		Business Code				
snc	11 a	OTHER INCOME		2,700.	2,700.		
ne	b			-			
Miscellaneous Revenue	c				1		
Sce	_	All other revenue					
Ξ	-			2,700.			
		Total Add lines 11a-11d		907,634.		0	142 061
	12	Total revenue. See instructions	<u></u>	707,034.	3,860.	0.	142,061.

132009 12-09-21

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 281,509. 233,652. 33,781. 14,076. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10,737. 12,936. 1,552. 647. 10 Payroll taxes Fees for services (nonemployees): Management Legal 14,819. 3,705. 11,114. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 5,569. 5,569. Advertising and promotion 12 15,462. 6,185. 7,731. 1,546. Office expenses 13 Information technology 14 15 Royalties 21,111. 21,111. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 5,235. 4,712. 523. 22 Depreciation, depletion, and amortization 11,809. 11,809. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 31,545. 31,545. PROGRAM OPERATIONS TRAINING AND CONFERENCE 19,039. 19,039. 18,703. 18,703. SCHOLARSHIPS 3,167. 3,167. LICENSES AND RENEWALS e All other expenses 440,904. 369,934. 54,701. 16,269. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

08041115 152885 A959

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		105,761.	1	35,713.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, sub	ostantial co	ontributor, or 35%			
		controlled entity or family member of any of the	iese persoi	ns		5	
	6	Loans and other receivables from other disqu	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			13,557.	9	19,152
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	150,778. 57,729.			
	b	Less: accumulated depreciation	7,431.	10c	93,049		
	11	Investments - publicly traded securities		11	461,657		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed			126,749.	16	609,571
	17	Accounts payable and accrued expenses	3,003.	17	12,074		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Ħ		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the	· ·			22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	-				
		parties, and other liabilities not included on lin	es 1 <i>1-</i> 24).	Complete Part X			
		of Schedule D			3,003.	25	12,074.
	26	Total liabilities. Add lines 17 through 25			3,003.	26	14,074
ç		Organizations that follow FASB ASC 958, c	neck nere				
nce		and complete lines 27, 28, 32, and 33.				07	
ala	27					27	
d B	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC				28	
Ë			956, Chec	K nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33.	40	ľ	0.	20	0.
əts	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or			0.	29 30	0.
SS	30				123,746.	31	597,497.
∍t A	31	Retained earnings, endowment, accumulated		Г	123,746.	32	597,497.
ž	32	Total net assets or fund balances  Total liabilities and net assets/fund balances		126,749.	33	609,571.	
	JJJ	Total liabilities and het assets/fullu balances			120,147	JJ	Form <b>990</b> (2021

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>34.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	44	0,9	04.			
3								
4								
5	Net unrealized gains (losses) on investments	5	'	7,0	21.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	59'	7,4	97.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	······································	3b					
			Form	990	(2021)			

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public

Inspection

MAJESTY OUTDOORS Employer identification number 26 – 4458865

			DII OUIDOOI					0 4430003		
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.			
The	orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describ	ed in		
		section 170(b)(1)(A)(iv).	Complete Part II.)							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	•				• •	public described in		
		section 170(b)(1)(A)(vi). (C	•		g		<b>3-</b>			
8		A community trust describe		(1)(A)(vi). (Complete Par	EIL)					
9		An agricultural research org			•	ed in coniu	inction with a land-grant	college		
·		or university or a non-land-g				-		-		
		university:	jiani conege or agno	artaro (000 morraotiono).	21101 110 1	iairio, oity	, and state of the coneg.	, o.		
10		An organization that norma	Ily receives (1) more:	than 33 1/3% of its supp	ort from c	ontribution	ns membership fees an	d gross receipts from		
		activities related to its exen								
		income and unrelated busin	-				= -	-		
		See section 509(a)(2). (Con		(1000 000 11011 011 11011) 110		ooo aoqa	ou by the organization t			
11		An organization organized a	-	vely to test for public sa	fety See	section 50	)9(a)(4).			
12		An organization organized a	•	•	•			nurnoses of one or		
-		more publicly supported or	· ·	•	-		•			
		lines 12a through 12d that	~					SHOOK THO BOX OH		
а		Type I. A supporting orga					, ,	aivina		
Ī		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_				
		organization. You must o			majority o	T tire direc	toro or tradition of the of	apporting		
b		Type II. A supporting org	-		ion with it	s sunnorte	ed organization(s), by hav	/ina		
~		control or management o	•					-		
		organization(s). You mus			arric perso	110 11101 001	ntroi oi manage trie sup	portod		
c		Type III functionally inte	-		in connect	ion with a	and functionally integrate	ed with		
•		its supported organization	-					ou with,		
c		Type III non-functionally		·				zation(s)		
		that is not functionally int	= ::				• • • • •			
		requirement (see instructi	-		•		•	V611000		
e		Check this box if the orga	*	•	•					
		functionally integrated, or					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
f	- Fnt	ter the number of supported of		nany integrated eapperti	ig organiz	u.i.o.i.i.				
		ovide the following information	•	d organization(s)						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				above (see mondedono))						
								<del> </del>		

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	326,708.	296,123.	342,807.	469,560.	761,713.	2196911.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	326,708.	296,123.	342,807.	469,560.	761,713.	2196911.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2196911.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	326,708.	296,123.	342,807.	469,560.	761,713.	2196911.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					1,160.	1,160.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						2198071.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th	-		ourth, or fifth tax y	ear as a section 50	D1(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.95 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· <b>&gt;</b>

Schedule A (Form 990) 2021

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0		
9c		
10a		
10b		

132024 01-04-21 Schedule A (Form 990) 2021

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	unization (see

Schedule A (Form 990) 2021

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ıed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	·		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

08041115 152885 A959

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

2024

2021

OMB No. 1545-0047

Name of the organization

MAJESTY OUTDOORS

**Employer identification number** 

26-4458865

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

# MAJESTY OUTDOORS

26-4458865

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ED RACHEL FOUNDATION  555 N. CARANCAHUA ST. SUITE 700  CORPUS CHRISTI, TX 78401	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FRAZIER FAMILY FOUNDATION  807 N. UPPER BROADWAY SUITE 300  CORPUS CHRISTI, TX 78401	\$\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EARL C. SAMS FOUNDATION  101 N. SHORELINE BLVD. SUITE 602  CORPUS CHRISTI, TX 78401	- \$\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4  CARROLL AND MARGUERITE WHEELER FOUNDATION  1934 E CAMELBACK RD SUITE 120-437  PHOENIX, AZ 85016	Total contributions  \$ 255,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JAMES DONNELL PO BOX 539 FOWLER, TX 78021	- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	KEVIN EHRINGER  13701 CAYO CANTILLES  CORPUS CHRISTI, TX 78418	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# MAJESTY OUTDOORS

26-4458865

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	Schedule B (Form 990) (20

Name of organization **Employer identification number** MAJESTY OUTDOORS 26-4458865 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization MAJESTY OUTDOORS **Employer identification number** 26-4458865

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or Ac	counts. Complete if the
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dor	nor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant fund	s can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	ourpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Fo	rm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	ion or education) 🔲 Presei	vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in t	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a histori	ic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminate	ed by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, han	dling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforce	cing conservation	n easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing o	conservation ea	sements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and	expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financia	l statements tha	at describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tussaures	ou Othou C	imiles Accets
Pai	Organizations Maintaining Collections of		s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ	,		nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	ch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				•
2	If the organization received or held works of art, historical trea		financial gain, p	provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

Par	t III Organizations Maintaining Co	ollections of Art	, Histo	rical Tre	asures, o	r Othe	r Similai	Assets	(continu	ıed)
3	Using the organization's acquisition, accession								(**************************************	
	collection items (check all that apply):	•		•						
а	Public exhibition	d		oan or exc	hange progra	am				
b	Scholarly research	е			0 . 0					
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	ev further th	ne organizatio	on's exer	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par			Ü					,	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for c	ontributions	s or other as	sets not i	included			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a								_	
	g		9						Amount	
С	Beginning balance						1c			
d	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•		_	
Par										
	<u> </u>	(a) Current year		ior year	(c) Two yea		(d) Three y	ears back	(e) Four v	/ears back
1a	Beginning of year balance	` '	. ,		,,,,		, ,		, ,	
	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·										
f	Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the curre	ent vear end halance	(line 1a	column (a)	// pelq as:					
	Board designated or quasi-endowment	ent year end balance	%	Column (a)	n rielu as.					
a b	Permanent endowment	%								
	. ' -	<sup>70</sup> %								
С	The percentages on lines 2a, 2b, and 2c shou	· -								
20	, ,	•	tion that	ara hald ar	ad administa	ad for th	o organiza	tion		
Sa	Are there endowment funds not in the posses	SSION OF THE Organization	lion mai	are rielu ai	iu auriiriistei	eu ioi iii	e organiza	lliori	[·	res No
	by:									100 110
	(i) Unrelated organizations								3a(i)	+
	(ii) Related organizations	tions listed as require		hadula DO					3a(ii)	+
ь 4									3b	
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		viiieiii iu	nus.						
	Complete if the organization answered		Part IV	line 11a S	see Form 990	Part X	line 10			
	·							-d	(d) Dook	value
	Description of property	(a) Cost or ot basis (investm			or other (other)		ccumulate preciation	eu	(d) Book	value
10	Land	,	. 5110,	24010	(54.101)	40	r. 00.40011			
_	Land									
b	Buildings									
	Leasehold improvements		+	15	0,778.		57,72	29.	93	,049.
d	Equipment Other				<i>5 , 1 , 0</i> •		5,,,,	<del>-                                    </del>		, 0 = 2 •
	. Add lines 1a through 1e. (Column (d) must ed		/ 001::==	n (D) line 1	00.)				93	,049.
· ota		<u> Juai FUIII 990, Part /</u>	v. colum	ттол, ште т	vu./				, ,	,

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MAJESTY OUTD  Part VII Investments - Other Securities.		20	-4458865 Page 3
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(a) Dook value	(c) memora en ranaanem e een en en	. or your market raids
(1) Financial derivatives			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 000 Part IV line	11c See Form 900 Part V line 13	
(a) Description of investment	(b) Book value		l of year market value
	(b) book value	(c) Method of valuation: Cost or end	i-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d Soo Form 900 Part V line 15	
	Description	Tru. See Form 990, Fart X, line 13.	(b) Book value
	ocacription -		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
	1 <i>E</i> \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	13.)		
Complete if the organization answered "Yes" o	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			(2) 20011 14.14.0
(2) (3)			
<u>(4)</u> (5)			
• •			
(9)	05.)	<b>.</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	

Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		007 624
1			1	907,634.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	<b>5</b> ( , , , , , , , , , , , , , , , , , ,			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	, , , , , , , , , , , , , , , , , , , ,	2d		•
е				0.7 624
3	Subtract line 2e from line 1		3	907,634.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	1			
b				0
_C				907,634.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial Sta	) atements With Expen	ses per Return	301,034.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		oco por motarm	
1	Total expenses and losses per audited financial statements		1	440,904.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		2a		
b				
c	<b>0</b> 11			
d	- · · · · - · · · · - · · · · · · · · ·			
е		•	2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			440,904.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			•
а		4a		
b				
С			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)	5	440,904.
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and $\cdot$	4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, I	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

	OUTDOORS				26-4458					
Fundraising Activities. required to complete this part	Complete if the organization answet.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not				
1 Indicate whether the organization rais	sed funds through any of the followir									
a Mail solicitations				overnment grants						
<b>b</b> Internet and email solicitations				nment grants						
c Phone solicitations d In-person solicitations	g Special	Tunara	using	events						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	lina of	ficers. directors. trus	tees, or					
key employees listed in Form 990, P					Yes	No				
<b>b</b> If "Yes," list the 10 highest paid indiv		ant to	agreei	ments under which th	ne fundraiser is to be	<b>;</b>				
compensated at least \$5,000 by the	organization.									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No							
Total			<b>•</b>							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration				

132081 10-21-21

08041115 152885 A959

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

MAJESTY OUTDOORS 26-4458865 Page 2 Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through SHOOT & GALA col. (c)) (event type) (total number) (event type) 317,450. 317,450. Gross receipts 2 Less: Contributions 317,450. Gross income (line 1 minus line 2) 317,450. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 8 175,389. 175,389. Other direct expenses  $\overline{17}5,389$ **10** Direct expense summary. Add lines 4 through 9 in column (d) 142,061. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d)

9	Enter the state(s) in which the organization conducts gaming activities:		
а	Is the organization licensed to conduct gaming activities in each of these states?	Yes	☐ No
b	If "No," explain:		
10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
b	If "Yes," explain:		
132082	2 10-21-21 Sche	dule G (Form	990) 2021

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Sch	edule G (Form 990) 2021 MAJ ESTY OUTDOORS	26-44	<u> 158</u>	865	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		<b>П</b> ,	Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		1	ا ءمه		0.4
	The organization's facility		13a		<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt			
	of gaming revenue retained by the third party  \$\bigs\\$				
_	If "Yes," enter name and address of the third party:				
·	The Tes, effect that the and address of the tillid party.				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	· -				
	Gaming manager compensation ▶ \$				
	Description of continue provided				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	·	uic			
Da	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Provide the explanations required by Part L line 2b, columns (iii) and (v):	and David	III - 13-a-	0 (	0h 10h
ı a	The first and explanation required by the art is the contract to the contract	ına Part	III, IIN	es 9, s	ob, TUB,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule G	G (Form 990) MAJESTY OUTDOORS	26-4458865 Page
Part IV	G (Form 990) MAJESTY OUTDOORS  Supplemental Information (continued)	<u> </u>
	Continued	

### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

MAJESTY OUTDOORS	26-4458865
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
OUTDOORS.	
FORM 990, PART VI, SECTION A, LINE 2:	
BILL BLODGETT-PRESIDENT AND SUSAN BLODGETT-SECRETARY ARE H	USBAND AND WIFE.
FORM 990, PART VI, SECTION A, LINE 7A:	
ELECTION OF MEMBERS AND THEIR RIGHTS PER BOARD APPROVAL	
FORM 990, PART VI, SECTION B, LINE 11B:	
TREASURER OF THE ORGANIZATION REVIEWS & ROUTES COPIES OF F	ORM 990 TO ALL
BOARD MEMBERS PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	